

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		2				
3		①				
4		①				
5		①				
6						
7	1					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.		1				
TOTAL CLAIMS	1	1				

	IND	DEP	IND	DEP	IND	DEP
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